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ABSTRACT

This paper presents findings from a 1991 study that collected descriptive data on over 209 African-American homeless children and youth in Seattle, Washington. A review of the literature indicates that disproportionate numbers of African-Americans are homeless. Discussion in the paper concerns risk factors and conditions that affect African-American families. These include race, poverty, unemployment, lack of marketable skills, social isolation, victimization, psychological pressure, and lack of emotional support for single African-American mothers. Data for the study discussed were gathered as a part of a district evaluation study of homeless children and youth at seven sites that were designated by the district to serve homeless children and youth. Services were intended to: (1) assure homeless children and youth access to schools; (2) provide continuity in education; (3) address basic needs, including food, clothing, shelter, and health care; and (4) provide for children's social, psychological, and educational needs. The findings indicate that African-Americans are over-represented in the homeless population and tend to live with a single-parent mother. It is concluded that the risk factors need to be considered at federal, state, and local levels, and that advocacy efforts for African-American single mothers should focus on providing social and psychological support and educational and employment opportunities. Appended are 11 references and related materials. (GLR)

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Homelessness: Its Impact on African American Children, Youth, and Families

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Abstract

How can schools ensure that homeless African American children and youth have *access* to basic services, a *continuous* education, and *mainstream* school activities? How can school provide for the *basic needs* of food, clothing, shelter, and health care as well as the *social, psychological,* and *educational needs* of homeless children and youth? This article discusses an effective public school program that successfully addresses these concerns.

Introduction

Although some progress has been made in describing the homeless population and some of the causes of the problem, not much is known about African Americans that are homeless. Differences in gender, age, and racial/ethnic characteristics are reported by case managers who work with African American homeless populations. Current efforts to understand who the African American homeless are indicate that this population is disproportionately high and is continuing to increase in comparison to other groups, especially in large urban areas. The literature provides scant information regarding the characteristics, situational variables, and unique needs of African American homeless children, youth, and families. A review of available literature on the situation of African American homeless persons will be followed by the authors' findings, which describe racial/ethnic differences among respondents in a study of homeless children, youth, and families. The authors will draw some conclusions from the findings for policy and program development as well as service delivery.

Recognizing the Problem of Homelessness and African Americans

In the 1990's, alarming numbers of African Americans are reported as homeless in major urban centers. Data compiled by the United States Conference of Mayors in 1990 indicate the following racial/ethnic representations in the homeless category: 46 percent African American, 34 percent White, 15 percent Hispanic, Native Americans, and Asian

Americans, and 4 percent for other groups.

Reported increases in the number of homeless African Americans began in the 1980's, when first-year reports from Robert Wood Johnson/Pew Memorial Trust Health Care for the Homeless projects in 16 cities indicated that 40 percent of the clients receiving services (42,539) were Black, and 11 percent Hispanic (Wright et al, 1987). Rossi, Fisher, and Willis (1986) reported that African Americans represent 35 percent of the population of Chicago, but comprise 53 percent of the homeless population. Wright et al. (1987) concluded that the homeless are increasingly female, racial/ethnic minority, and younger. The National Coalition for the Homeless (1989) reported that ethnic/racial minority groups, usually African Americans, comprise over 50 percent of the homeless population in a survey of 11 communities.

In Seattle, African Americans comprise 10 percent of the population, but represent 30 percent of the shelter clients, according to a survey compiled by the Human Services Strategic Planning Office (1989).

Risk Factors for African American homeless

To date, the risk factors for African American homeless children, youth, and families and the causes of their homelessness have not received much attention from policymakers and program developers. The reasons for the disproportionate numbers of African Americans without homes are now becoming clearer. The socioeconomic and sociocultural forces of racism, unstable housing situations, poverty, unemployment, lack of marketable skills, and victimization such as domestic violence and abuse certainly play a major role, along with situational factors unique to each individual African American family.

African American mothers are disproportionately represented among the homeless (D'Ercole & Struening, 1990; Shinn, Knickman, & Weitzman, 1991). This places their children at risk of continued discrimination because of social and psychological forces.

Study Methodology

This article will present findings concerning over 209 African American homeless children and youth in Seattle for whom descriptive data was gathered as a part of a district evaluation study of homeless children and youth attending seven program sites. The study was completed in 1991 and funded by the district. Findings on the subsample of African American homeless children and youth described in this article represent the most comprehensive effort to date to profile ethnic homeless children and youth in this urban area. The sample size and methods present an opportunity to examine and compare ethnic populations and types of homeless situations.

Six public school sites and one community site were designated by the district to serve homeless children and youth in an urban setting. The researcher was charged with providing descriptive data of the children and families served at the seven sites so that a clearer picture of the homeless could be developed and understood. This picture of the characteristics of homeless African Americans provides an opportunity to explore the differences among ethnic groups and subgroups in the homeless population. Prior to presenting the findings of this study, the issues of access, continuous education, and mainstream educational opportunities will be discussed.

Recognizing the Need for Access, Continuous Education, Basic Needs, and Mainstream Social Activities

Seattle School District programs aimed at helping homeless African American children and youths remain and succeed in school have been in place at various school sites since 1989. While the efforts undertaken by the district have varied from site to site, they generally have focused on the recommendations offered by the Effective Schools Initiative adopted by the School Board.

In 1989, the Seattle Public Schools adopted the Effective Schools Initiative for

Homeless Children and Youth to assure that homeless children and youth are assisted towards full participation in the *mainstream* of academic, social, and other activities while attending school. All initiative activities were intended to (1) assure homeless children and youth *access* to schools; (2) provide *continuity* in education; (3) address *basic needs* including food, clothing, shelter, and health care; and (4) provide for their *social, psychological, and educational needs*.

In 1990-1991, six public schools (three elementary, one middle, one high school) and one community-based educational transition program for homeless children and youth were selected as designated sites for the delivery of interprofessional case management services. These services included provision of food, shelter, clothing, counseling, tutoring, special academic assistance, health care, and family support services. Child study teams and guidance teams at each site typically include the principal, teachers, counselor, nurse, school psychologist, special education staff, volunteers, interns, case manager, and program evaluator. At all sites, a full-time case manager acts as the lead person in utilizing the interprofessional case management model to address the needs of homeless children, youth, and families and in particular to deliver services to African American children, youth, and families.

Services available to address the needs of homeless children and youth vary from site to site. The most comprehensive services at a public school site are available at B. F. Day Elementary School, the pilot site for the initial program that started in the Autumn of 1989. The program, *Kids Organized on Learning in School (KOOL-IS)*, funded by United Way and the Medina Foundation, was developed cooperatively by the District, the Atlantic Street Center, and the Center for the Study and Teaching of At-Risk Students (C-STARS) at the University of Washington. The KOOL-IS program is based on the interprofessional case management model developed by C-STARS.

The KOOL-IS program has been recognized by the United States Department of Education as an exceptional program, and the District's grant proposal for funding under

the McKinney Act was one of seventeen programs nationwide awarded exemplary grants in the Summer of 1990. The proposal called for the expansion of the KOOL-IS program beyond B. F. Day Elementary School and into five additional public school sites. The community-based site, First Place, has received national recognition as an exceptional community-based transitional educational program for homeless children and youth. However, while the development of these sites has insured access for some, an increasing population of homeless children and youth will need to be served at additional sites.

Continuity of Services for African American homeless

To insure continuity of services for homeless children and youth, and in particular for homeless African American children and youth, interprofessional case management was selected as the model for the program.

Defining the nature of case management is a difficult task. Each profession has come to understand this approach to service delivery based on its own experience and perspective. At the most basic level, case management has been described as "activities aimed at linking the service system with a consumer, and coordinating the various system components to achieve a successful outcome." Other definitions emphasize the ability of case management to overcome disjointed and rigid service systems.

While case management continues to be interpreted in a variety of ways, there is increasing consensus on the need for such systems in serving homeless youth. African American children and youth often have multiple and interrelated service needs and may require education, social, and/or health-related services, depending on the difficulties and circumstances they face. No single organization can effectively address all these needs. Consequently, homeless African American children and youth must access different, often disconnected programs. As the number of organizations involved in serving homeless children and youth increases, managing and implementing these services becomes more complicated. Acting as a mentor, a case manager can help African American students and

their families to identify and gain timely access to the services that they need to insure continuity of education.

With regard to homeless students, C-STARS has described interprofessional case management as "a series of logical and appropriate interactions within a comprehensive service delivery network of education, health, and social service agencies designed to maximize opportunities for homeless students and their families to receive needed services in a supportive, efficient, and coordinated manner; it is school-based and community-supported." The interprofessional approach is intended to facilitate relationships between different professionals, enabling them to develop coordinated service delivery strategies. Additional information on case management is included in the C-STARS Resource Manual (revised 1990). The seven functions of interprofessional case management----as adapted for homeless African American children, youth and families----are outlined as follows:

1. Assessment. Interagency case management team members sensitive to the needs of African American homeless students collaboratively identify the barriers/causes of the student's difficulties, both those that are unique to the student and those that are associated with family, community, environmental, and cultural circumstances.
2. Development of a service plan. The case management team develops a plan of coordinated multiple services tailored to each student. This plan generally includes a mix of services, short-term and concrete, and long-range, in-school and out. The service providers included in the plan represent a profile of the community's unique service potentials (i.e., church, community centers, etc.).
3. Brokering. This involves linking the student and family to culturally appropriate, needed services that cannot be provided in school by the case management team. Brokering generally involves much more than simply making a referral. Both students and their families often need to prepared to accept services by pre-referral counseling and family outreach activities. In times of crisis, a member of the school

case management team personally accompanies the student and/or family members to the referral agency.

4. Service implementation and coordination. The role of case management team members is two-fold: first, to deliver the services on-site which they have planned to provide themselves; second, to be sure that all services to an individual student are working together for that student's benefit and that appropriate communication and cultural sensitivity is taking place between the various service providers involved. A single member of the team usually takes responsibility for this function.
5. Advocacy. This involves assisting and sometimes mediating student and family communications within or outside a service agency/community agency or the school and helping the student and/or family negotiate the many different bureaucracies involved. This function sometimes requires an appropriate team or community member to serve in a third-party role in conflict resolution, e.g., between students and family members, students and service providers, etc.
6. Monitoring and evaluation. Through this activity the case management team tracks the services being delivered to the student and family, as well as the student's condition and emerging needs, so that adjustments in the service plan can be made as circumstances change.
7. Mentoring. An appropriate member of the case management team or the community is designated as the primary professional caring for the student within the partnership of service agencies involved. No matter the number of specialists, this is the one person who follows through for the student and/or family. Homeless African American students often have not formed this kind of sustained relationship with a responsible adult and the intent here is for the case management team to identify a person with whom the student and family can comfortably communicate and to whom they can turn on an ongoing basis.

Meeting the Social, Psychological, and Educational Needs

The social, psychological, and educational needs are addressed through the three organizational components of the interprofessional case management model. These three components of the model at B. F. Day Elementary School are (1) the case manager, (2) the interprofessional case management team, and (3) the community service network. The case manager identifies all homeless students, including African American students, and refers these students to the interprofessional case management team, facilitates regular meetings of this team, monitors the multiple service plan developed for each student, advocates with service agencies, and maintains a sustained contact with the homeless student and family throughout the delivery of the multiple service prescribed for the student.

The interprofessional team is composed of the school principal, case manager, family support worker, school psychologist, coordinator of volunteer services, volunteer worker and tutor, and program evaluator. The school nurse, nursing volunteer staff, and teaching staff participate with the team on an as-required basis. Using a revised version of Maslow's Hierarchy of Needs (see Figure 1) , the team assesses basic transitional needs of homeless children and the family's basic needs and develops an individual action plan. The interprofessional case management team also assists and trains school personnel to recognize basic transitional needs among homeless children and to make referrals to the team, works with children and their families to help them access a variety of social services from churches/community agencies, and coordinates individual and group tutoring to assist homeless children with academic needs. While academic needs are not considered basic transitional needs, poor academic abilities must be addressed by the case management team. Interventions addressing academic needs include psychological assessment, academic testing, classroom observations, special tutorials, and assessment/treatment of chronic/acute health care concerns. In addition, specially designed classroom activities promote speech and language skills development, increased motivation, and modification

of problem behavior, as well as problem solving and conflict resolution skills. Special education students are directed by an Individualized Educational Plan (IEP) outlining student learning objectives.

The community service network typically includes a wide array of service providers/community agencies that agree to coordinate with case managers and school interprofessional teams in delivering specific services needed by homeless students and families but beyond the professional expertise of the case manager or team members. Medical examinations would be an example of this kind of specific service.

Findings

African American homeless children and youth accounted for 209 students, or 52 percent of the 399 homeless children and youth served at the seven sites. In comparison, African American students represent 30 percent of all students in the district. Of the 209 African American homeless children and youth, 75 percent were living with a single parent mother. Among all African American students in the district, 68 percent are living with a single parent mother.

The Seattle data for African American children and youth indicated that African Americans are over-represented in the homeless population and tend to live with a single-parent mother.

Conclusion

The data presented in this study indicate that African American children, youth and families are disproportionately represented among the homeless. James, Smith and Mann (1991) reported that among the homeless children served at B. F. Day Elementary School, 61 percent were African American.

It is clear that certain risk factors and conditions impact African American children, youth and families. These risk factors include race, poverty, unemployment and lack of

marketable skills, social isolation, psychological pressure, and lack of emotional support for single African American mothers raising children. These risk factors need to be considered at federal, state, and local levels. Advocacy efforts for these mothers should focus on providing social and psychological support along with educational and employment opportunities.

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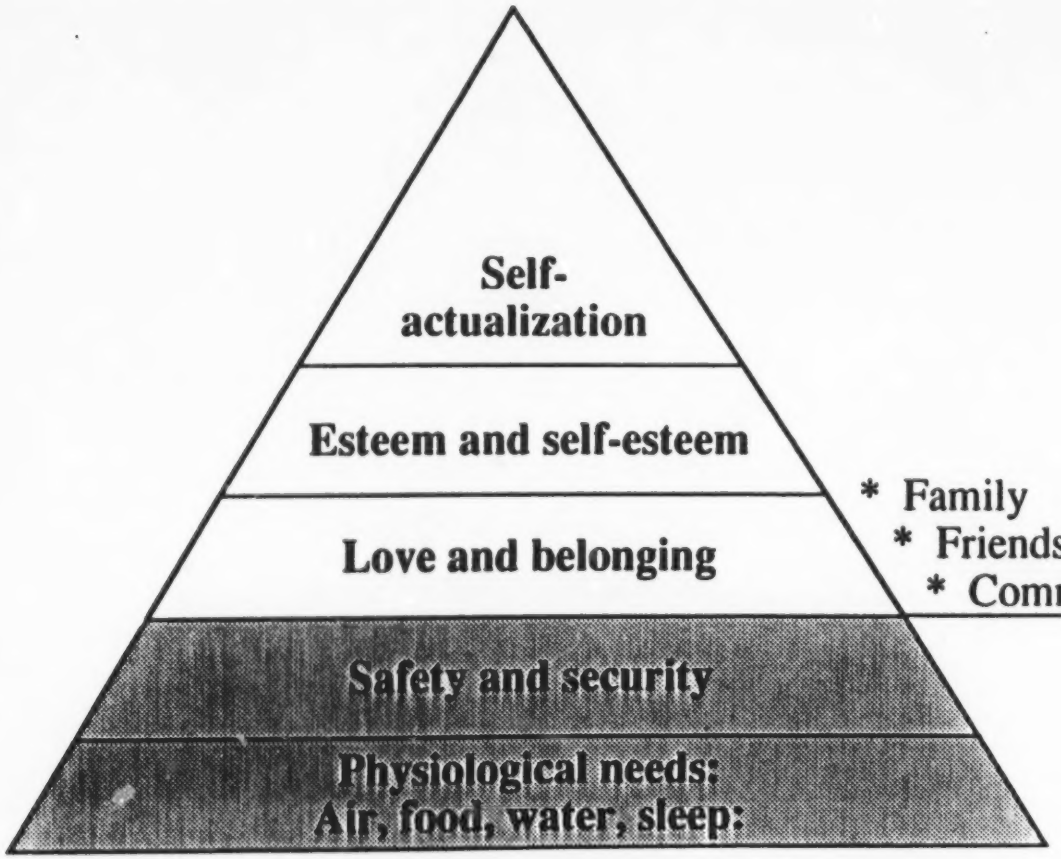
Maslow's Hierarchy of Needs
(Revised)



* Family
* Friends
* Community

Growth Needs

* Emotional Needs
* Physical Needs
* Social Needs
* Intellectual Needs

Basic Needs

* Clothing Needs
* Financial Needs
* Housing Needs
* Personal Hygiene

Figure 1